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APPLICANTS

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** CONTINUING DATA ***** *l.b.*
no

** FOREIGN APPLICATIONS ***** *l.b.*
no

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| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | STATE OR COUNTRY CA | SHEETS DRAWING 8 | TOTAL CLAIMS 81 | INDEPENDENT CLAIMS 7 |
| 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance | EXAMINER'S SIGNATURE <i>Robert Pless</i> Initials <i>l.b.</i> | | | |
| Verified and Acknowledged | | | | |

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TITLE

Neurostimulator involving stimulation strategies and process for using it

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| FILING FEE RECEIVED 1484 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit |
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